

COORDINATING DRAFT**APPENDIX M
PLANNING STANDARDS FOR EVACUEE SUPPORT**

Evacuee support involves all activities designed to process and accommodate evacuees from both on-post and off-post areas. There are two primary components of an evacuee support system: reception and mass care. The number of evacuees involved and the availability of adequate facilities will determine which of the following approaches will be used in developing an effective evacuee support system. The first approach requires both on- and off-post evacuees to report to a reception center located directly along an evacuation route, go through medical screening, register, have their needs assessed, and be referred to a mass care facility that is located some distance from the reception center. The second approach is identical, except that the reception area and mass care facility are collocated. This approach may be appropriate if a relatively small number of evacuees is involved, particularly if all evacuees can be accommodated at a single mass care facility.

Both short-term and long-term evacuee support mechanisms must be addressed in the planning phase of the operation. Short-term care applies to those needs (e.g., food, water, shelter, medical care, etc.) that must be met immediately after a chemical accident. Long-term evacuee support mechanisms involve providing adequate housing and basic necessities (clothing, food, shelter, etc.) to evacuees who are unable to return to their residences for an extended period of time. During the planning phase, all aspects of short-term evacuee support must be addressed; agreements must be formalized, and all pertinent resources must be identified and made available for emergency use. Planning for long-term support will probably be considerably less detailed because such support is more unlikely to be required, the degree of support needed could vary widely, and adequate time will be available for finalizing long-term support arrangements at the time of the emergency. During the planning phase, the jurisdiction should inventory available long-term support resources for evacuee support. The Department of the Army may rely on the Corps of Engineers to relocate installation residents.

Planning for a successful evacuee support program requires a high degree of interagency cooperation. Local and national chapters of the American Red Cross (ARC), other support organizations, and the Army installation should participate in planning for aspects of the evacuee support program that they will be involved in implementing. Interagency cooperation is especially appropriate in choosing facilities for reception and mass care centers, ensuring the availability of all necessary resources, and establishing staffing needs and providing qualified personnel. Participation of the ARC is particularly important because of the high level of expertise and capability this agency has developed in its long history of assisting people affected by emergencies. The ARC and Federal Emergency Management Agency (FEMA) have executed formal agreements at the federal level assigning the ARC responsibility for operating mass care centers during natural and technological disasters. Evacuee support planning for Chemical Stockpile Emergency Preparedness Program (CSEPP)

COORDINATING DRAFT

should include determining what arrangements have been made for implementing these national agreements at the state and local level.

Inter-jurisdictional cooperation in evacuee support planning is imperative. Evacuee support activities will almost certainly involve resources and personnel from multiple jurisdictions, including the Army installation. The planning effort must identify the responsibilities of each affected jurisdiction and establish mechanisms for coordinating the employment of all resources and personnel during an emergency. The plans should incorporate appropriate mutual aid agreements. The necessary coordination can probably be achieved most effectively if the state leads the local jurisdictions in preparing a comprehensive evacuee support plan for the entire emergency planning zone (EPZ). In some cases, coordination of the plans of two states may also be necessary.

The following standards incorporate some provisions found in three FEMA publications: *Sheltering and Care Operations* (CPG 2-8), *Life Support Operations in Shelters* (CPG 2-20), and *Habitability and Human Problems in Shelters* (CPG 2-21). An overview of the ARC mass care program can be found in *Mass Care--Preparedness and Operations* (AARC 3031). Additional information pertaining to animal care and protection during a disaster may be found in *Emergency Animal Relief and Disaster Planning: Operational Guide for Animal Care and Control Agencies* by the American Humane Society.

STANDARDS

Each jurisdiction will incorporate provisions for evacuee support into the hazard-specific appendix of its emergency operations plan. These provisions will

1. Identify the official and at least one alternate official authorized to coordinate all of the evacuee support activities, including coordination with Army installation officials to accommodate potential evacuees from the installation. The official should be assigned to the jurisdiction's emergency operating center (EOC) during an emergency.
2. Describe the equipment to be used and procedures to be followed in two-way communications between the EOC and each evacuee support facility (reception center and mass care center).
3. Specify what evacuee support services will be provided and identify the agency responsible for providing each. Written and signed agreements are required for all services to be provided by agencies, private organizations, or individuals that are not a part of the jurisdiction's governmental structure.
4. Identify facilities that will serve as reception centers in the event of a chemical agent release. A reception center should be located along each major

COORDINATING DRAFT

evacuation route leading out of the immediate response zone (IRZ). Each reception center should be

- a. located outside the PAZ;
- b. directly accessible from the evacuation route it serves;
- c. capable of providing sufficient parking and storage areas (so as not to slow or backup traffic on the evacuation routes);
- d. capable of expeditiously processing the population using the designated major evacuation route on which the reception center is located; and
- e. clearly depicted on maps provided through the public education program and maps distributed by traffic control personnel.

5. Assign responsibility and identify resources for providing the following services at reception centers:

- a. medical screening and treatment, incorporating procedures and protocols described in *General Guidelines for Medically Screening Mixed Population Groups Potentially Exposed to Nerve or Vesicant Agents* (Watson, et al. 1992), and including
 - (1) medical screening of all evacuees arriving at the reception center,
 - (2) emergency or other first-aid medical treatment of evacuees who require
- it,
 - (3) documentation, for each evacuee, of the results of medical screening and all treatment administered, and
 - (4) emergency transportation to hospitals for evacuees requiring medical treatment beyond the capabilities of the reception center;
- b. registration of each evacuee, including, at a minimum,
 - (1) name,
 - (2) address, and
 - (3) family members' names;
- c. assessment of the needs of each evacuee, including needs for
 - (1) medical treatment (physical and emotional),
 - (2) housing,
 - (3) family reunification, and
 - (4) transportation to appropriate support facilities as needed;
- d. assignment of evacuees to mass care centers or other facilities that can meet their critical needs.

6. Identify at least two facilities, located in contrasting directions from the Army installation, that will be used as mass care centers in the event of a chemical agent release. The total capacity of all mass care centers must equal between 15% and 30% of the population of the entire IRZ plus the most highly populated quarter of the protective action zone (PAZ). The capacity, within this range, to use for planning purposes should be determined based on the findings of "Toward an Explanation of Mass Care Shelter Use in Evacuations" (Mileti, et al. 1991). (This study concludes that the age and socio-economic status of

COORDINATING DRAFT

evacuees are the primary determinants of shelter use. A shelter use rate of approximately 15% is likely to be appropriate if the age and income characteristics of the evacuating population resemble those of the general population. Higher shelter use rates are appropriate if the evacuees are older or poorer than the general population.) Each mass care center should

- a. be located outside the IRZ and, where possible, outside the PAZ, and not situated in low-lying areas where an agent plume may accumulate;
 - b. be located within easy access of evacuation routes;
 - c. be capable of handling between 15% and 30% of the population of the area served by the evacuation routes leading to the center. The findings of Meleti, et al. (1991) should be used to determine the capacity, within this range, to use for planning purposes;
 - d. provide the following
 - (1) at least 40 square feet of sleeping space for each individual in the shelter,
 - (2) a constant temperature between 60• F (15.6• C) and 80• F (26.7• C),
 - (3) adequate parking for all evacuee vehicles;
 - e. provide separate areas adequately sized and equipped to provide the entire mass care center population with the following services
 - (1) administration,
 - (2) food and water storage,
 - (3) food preparation,
 - (4) medical care (including mental health),
 - (5) sanitation facilities,
 - (6) living/sleeping areas, and
 - (7) decontamination of any mass care center residents whose contamination may have escaped detection at the reception center;
 - f. be clearly identified on maps provided in the public education program and maps distributed by traffic control personnel.
7. Assign responsibility for and identify all resources required to ensure that all mass care facilities are capable of providing the following services. (Written agreements are required for all services to be provided by agencies, organizations, or individuals that are not part of the jurisdiction's governmental structure.)
- a. water
 - (1) arrangements (e.g., written agreements) must be in-place to ensure the provision of a safe and adequate supply of water for each mass care facility,
 - (2) water should meet all applicable drinking water standards and should be adequate to provide at least 5 gallons of water per person per day for the population of the mass care centers;
 - b. food

COORDINATING DRAFT

- (1) written agreements must be executed to ensure the provision of a safe and adequate supply of food (including baby food and formula) for evacuees during their stay in the mass care center,
- (2) the supply of food should be adequate to provide 2500 calories per person per day of nutritionally balanced food for the entire population of the mass care centers,
- (3) the food supply should allow for special diets (e.g., soft foods, vegetarians, low salt or cholesterol, etc.), and
- (4) all needed cooking equipment and eating and drinking utensils for both adults and infants must be provided;
- c. sanitary facilities
 - (1) facilities should be provided for washing, bathing, toileting, diaper disposal, general cleaning (e.g., washing dishes), and for the collecting and disposing of waste and refuse,
 - (2) sanitation facilities must be capable of handling the maximum number of evacuees each mass care center will support,
 - (3) a minimum of one toilet should be provided for every 40 occupants of shelter capacity,
 - (4) chemical or other portable toilets, not dependent on the normal water supply, should be available on the basis of one toilet for every 50 shelter occupants, and
 - (5) an adequate supply of diapers should be available for all infants housed at the shelter;
- d. prior arrangements should be made with local Goodwill, Salvation Army, or similar organizations to obtain clean, used clothing in a wide variety in sizes;
- e. medical services
 - (1) each mass care center must provide space for medical screening and treatment,
 - (2) each mass care center must be capable of providing emergency medical care including documentation of all medical actions taken,
 - (3) medical care providers in the mass care center must be familiar with procedures for obtaining transportation to a hospital for any shelter occupants who require medical treatment that cannot be provided at the mass care center, and
 - (4) mass care center staff must be knowledgeable of the symptoms of chemical agent poisoning, and at least two staff members must be on duty at all times in each shelter who have been trained in procedures for
 - effectively treating and assisting the contaminated individual and
 - decontaminating the environment with which the individual was in contact;
- f. social services
 - (1) qualified personnel should provide individual and family counseling to shelter evacuees,
 - (2) children's recreational activities should be provided, and

COORDINATING DRAFT

- (3) communication between evacuees and family members residing in unaffected areas should be facilitated by providing an adequate number of telephones to be used for both incoming and outgoing communications;
 - g. provide adequate law enforcement and protection for each mass care center;
 - h. provide adequate fire protection for each mass care center;
 - i. management
 - (1) provide adequate space for a shelter manager and associated staff to function 24 hours per day, including separate stations for receiving evacuees, checking decontamination certification, and registering evacuees,
 - (2) provide a public information officer who, in coordination with the joint information center, will provide updated information, at least once per day, to each mass care center population on the status and scope of the chemical emergency and response efforts, and
 - (3) develop an accurate record keeping system to track evacuees, assist in locating missing persons and assist in the reunification of family members who become separated during the evacuation period.
- 8. Identify the official(s) authorized to order the activation of evacuee support facilities and describe the procedures to be followed to bring the facilities to operational status in a timely fashion, including
 - a. assign responsibility for and identify the procedures to be followed for the timely call-up of personnel who will staff evacuee support facilities;
 - b. identify the agencies responsible for
 - (1) removing unneeded items from each facility,
 - (2) transporting needed equipment and supplies to each facility, setting it up,
 - and (3) posting signs to direct evacuation traffic to the support facilities and to clearly identify each facility.
- 9. Identify the procedures to be followed for expanding the evacuee support services if warranted by the situation. Procedures should address methods to obtain
 - a. increased shelter capacity (e.g., opening additional mass care centers);
 - b. additional support staff as needed;
 - c. additional supplies (e.g., food, water, clothing).
- 10. Address the provision of temporary housing and relocation services in the event that evacuees are displaced from their homes for an extended period. The plan should
 - a. identify the agency(ies) responsible for providing relocation services;
 - b. identify resources (e.g., hotels, motels, apartment complexes, trailer parks) that could potentially provide temporary housing furnished with basic life necessities (e.g., beds, bed linens, towels, dishes, cookware, food, and

COORDINATING DRAFT

water). (Food and water may be supplied by rations obtained from mass care centers.)

11. Describe arrangements, consistent with protective action response plans developed under Appendix E, for handling companion animals brought by evacuees. (Handling of companion animals should not interfere with or delay reception and treatment of human evacuees.) These arrangements should be developed with the involvement of local chapters of humane societies, veterinary associations, and similar organizations and should include identification of

- a. local animal care facilities and personnel (e.g., veterinary offices, humane shelters) that agree to provide shelter and shelter services for evacuated animals, including:
 - (1) treatment of injuries, illness, or other chronic conditions,
 - (2) administration of antidotal treatment, or
 - (3) euthanasia of severely injured animals (to be performed only by qualified personnel with a witness present to confirm the necessity of euthanasia);
- b. staff responsible for and the procedures to be followed in taking custody of the animals from their owners at reception centers, tagging the animals with the owner's name and address, decontaminating them (if necessary), placing them in a holding area separated from human evacuees, and if necessary, transporting them to a designated sheltering facility;
- c. sources of food and water, and any other resources required to sustain the animals while they are sheltered.

12. Identify evacuee support issues to be addressed by public education and information materials, including, but not limited to, the following:

- a. locations of evacuation routes, reception centers and mass care facilities;
- b. procedures to be followed if personal contamination occurs (i.e., what to do, where to go for assistance) (see Appendix L);
- c. services that will be provided to evacuees;
- d. items that evacuees should take with them during evacuation (e.g., medicines, toilet kits, clothes, etc.);
- e. procedures to be used to protect and evacuate day care and school children, including:
 - (1) where the children will be taken,
 - (2) who will care for the children, and
 - (3) the procedures for reunifying parents with their children;
- f. methods of contamination to be used to locate evacuees, including:
 - (1) the process to be followed by local non-evacuees to determine the whereabouts of family members,
 - (2) the process to be followed by evacuees to determine the whereabouts of family members, and

COORDINATING DRAFT

- (3) the process to be used by family members outside the emergency area to determine the whereabouts of evacuated family members.